



DEPARTMENT OF STATE POLICE

Medical Certification

Name: _____

Candidate No.: _____

The above-named individual is a candidate for appointment to the position of Massachusetts State Police Trainee. Part of the selection process is an assessment of the candidate's physical fitness. As it is not this department's desire to cause any personal harm to the candidate or, to assume any liability for any such harm, the Massachusetts Department of State Police requests your assistance in determining this candidate's ability to safely complete all phases of the physical fitness screening. A brief description of the physical fitness screening is provided below. A more comprehensive description of the screening and the passing test scores associated with each of the components may be found at www.mass.gov/msp (link to 87th RTT then to "Fitness Assessment"). As the candidate's attending physician your acknowledgement that the candidate is sufficiently fit to safely complete the physical fitness screening is required.

1.5 MILE RUN

- A timed 1.5 mile run.

To be completed by Candidate's Physician, Nurse Practitioner, or Physician Assistant

Can this candidate safely perform the above physical fitness screening?

Yes _____

No _____

PHYSICIAN/NP/PA [PRINT NAME and SIGN]

DATE